

APPLICATION FOR REGISTERED DENTAL HYGIENIST

(Please Type or Print Clearly)

Rec # _____	File# _____	QM _____
Sign <input type="radio"/>	Notary <input type="radio"/>	Seal <input type="radio"/> Dean <input type="radio"/> Pic <input type="radio"/>
School _____	Grad dt _____	SS _____
O/S <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STC <input type="radio"/>	LA <input type="radio"/>	NO <input type="radio"/> NB _____
Spec Accom _____		
FP Rec <input type="radio"/>	Sent _____	CLR DOJ <input type="radio"/> FBI <input type="radio"/>

1. Social Security Number _____ - - 2. Birthdate _____ / /
Month/Day/Year

3. Name _____
Last First Middle

4. Other Names used _____

5. Address _____

City _____ State _____ Zip Code _____

6. Telephone Numbers: Work (____) _____ - _____ Home (____) _____ - _____

7. I wish to take the State Board Examination in

☐ Southern Calif ☐ Northern Calif Weekend of _____ , 19 ____

8. Have you previously filed an application to practice dental hygiene in California?

Yes ☐ No ☐

If so, when _____

9. List all states in which you have been licensed to practice dental hygiene. Certification of licensure is required for each state.

10. Has any disciplinary action ever been taken regarding any license which you now hold or ever held, or have you ever voluntarily surrendered a license? Yes ☐ No ☐
If yes, you must provide details in space 17.

11. Are there any accusations or pending accusations against you? Yes ☐ No ☐
If yes, you must provide details in space 17.

12. Have you ever been denied a license to practice dental hygiene in any state or country? Yes ☐ No ☐
If yes, you must provide details in space 17.

13. Are you currently, or have you in the last two years, engaged in the illegal use of controlled dangerous substances? Yes ☐ No ☐
If yes, you must provide complete details in space 17.

14. Have you ever been convicted of, pled guilty or nolo contendere to any offense, misdemeanor or felony in any state or federal action (except violations of traffic laws not related to drugs or alcohol)? Applicants must report any convictions or pleas of nolo contendere even if a subsequent order was issued which expunged or dismissed the criminal record under the provisions of Section 1203.4 of the Penal Code. Applications may be denied for knowingly falsifying an application pursuant to Section 480(c) of the Business and Professions Code. Yes ☐ No ☐

(If yes, in space 17 you MUST provide the section of law violated, the nature of the violation, the location and date of the violation, and the penalty or disposition.)

15. Certification of graduation from dental hygiene program:

MUST BE COMPLETED BY PROGRAM DIRECTOR

I HEREBY CERTIFY, That _____
Students Name

matriculated in the _____
Name of College or Institution

on the _____ day of _____ and attended _____ years graduating with a ☐ Degree
☐ Diploma, ☐ Certificate in dental hygiene on _____
Month/Day/Year

Signature of Dean or Program Director

Date Signed

**SEAL OF COLLEGE
OR INSTITUTION**

16. Execution of application:

Executed in _____, _____ on _____
City or County State Month/Day/Year

I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely. I hereby authorize educational and other institutions, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Board of Dental Examiners of California any information, files or records requested by the Board in connection with the processing of this application.

I CERTIFY under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date

Signature of Applicant

NOTE: An applicant who signs this application OUTSIDE the State of California shall swear to the truth of the statements contained herein before a notary public or other person authorized by law to administer oaths.

Notary Seal

17. Space for additional comments (indicate the number of the question being answered).

(revised 1/00)

INFORMATION COLLECTION AND ACCESS

The information provided on this application is maintained by the Executive Officer of the Committee on Dental Auxiliaries, 1428 Howe Avenue, Suite 58, Sacramento, CA 95825, under the authority granted by the Business and Professions Code, Division 2, Chapter 4, Article 7, Section 1740 and following.

It is mandatory that you provide all information requested. Omission of any item of information will result in the application being rejected as incomplete.

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgement or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilized a national examination and where licensure is reciprocal with the requesting state.

If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Your completed application becomes the property of the Committee on Dental Auxiliaries and will be used by authorized personnel to determine your eligibility for registered dental hygienist licensure. Information on your application may be transferred to other governmental or law enforcement agencies.

You have the right to review the records maintained on you by the Committee unless the records are identified as confidential information pursuant to the Public Records Act or are exempted by Section 1798.40 of the Civil Code. You may gain access to the information by contacting the Committee at the above address.